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Empowering Women through Health Education Programme for Sustainable Community Development in Imo State

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Abstract: The study examined women empowerment through a health education programme for sustainable community development in Imo State. The wealth of a nation is attributed majorly to its quality health among her citizens, which translates to "health is wealth". Women health is a critical area of concern that requires adequate attention for the survival of every nation. One research question and one hypothesis guided the study. The study adopted a descriptive survey design with a population of 969 women participants in twenty (20) women empowerment centres in the study area. A proportionate sampling technique was used in selecting 524 respondents as the sample size, with a self-structured questionnaire titled "Empowering Women through Health Education Programme for Sustainable Community Development Questionnaire" (EWTHEPSCDQ). The statistical tools used for data analysis were mean, and z-test. The findings of the study revealed that a health education programme has enabled women to adequately maintain good sanitation, improved their knowledge on maternal mortality, helped them to build their family's nutrition and increased their awareness of disease prevention and related health issues. The findings also revealed that health education has encouraged women to use obtainable resources for good health in Orsu LGA of Imo State. The study recommended that women should be equipped with comprehensive health education/training at different levels of government and non-governmental sectors, and be allowed to lead health campaigns aimed towards overcoming sociocultural, socio-economic, psychosocial, and public health factors militating against the attainment of sustainable and healthy living among women.

Keywords: Health Education, Women's Health, Women Empowerment, Community Development, and Sustainable Community Development.

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INTRODUCTION

The wealth of a nation is attributed majorly to its quality health among her citizens, which translates to "health is wealth". Women health is a critical area of concern that requires adequate attention for the survival of every nation. The well-being of a country is the health and safety concern of women. Reason being that health is an important instrument in measuring women empowerment [1]. One area empowerment interventions have targeted is women's health since it is a crucial element in ensuring their personal and community health [2]. Udegbulem [3] observed that health empowerment equips women with elementary and fundamental health knowledge, enlightening them on their body functions and other health related issues. Nasrabadi, Sabzevari and Bonabi [4] affirmed that acquiring health information increases women participation in health maintenance and consequently, their responsibility in prevention and promotion of personal and community health, and facilitation of favourable health outcomes. Kerala Women [5] described women's health as her total well-being, not determined only by biological factors and reproduction, but also by work load, stress, nutrition, war and migration among others. Women life can be categorized into three stages:

i. From puberty to around 25: which marks the start of menstruation, sexual activity and fertility
ii. Middle years (25-50 years): this period requires adequate support with contraception, sexual health, planning for pregnancy, managing periods and menstrual disorders

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iii. Later year (50 and above): women experience complex health needs [6].

Women's health refers to the branch of medicine that focuses on the treatment and diagnosis of diseases and conditions that affect a woman's physical and emotional well-being [7]. According to Wheeler, Foreman and Rueschhoff [8] women maintain healthy families and access the health system more than men, both for themselves and their family members. The health of women and girls are of particular concern because in many societies, they are disadvantaged by discrimination rooted in socio-cultural factors.

These socio-cultural factors are:

i. Unequal power relationships between men and women
ii. Social norms that decrease education and paid employment opportunities
iii. Potential and actual experience of physical, sexual and emotional violence [9]

These sociocultural factors prevent women and girls from benefiting quality health services.

Health Education

The comprehension of what narrates health before health education is germane. Health and education are linked. According to Virginia Commonwealth University (2015) there are three principal connections between education and health and they include:

a. Education creates opportunities for better health.
b. Poor health can put educational attainment at risk as well as cause educational setbacks.
c. Conditions throughout people's lives beginning in early childhood can affect both health and education status and other background factors that can create stress, cause illness and deprive individuals and family's resources for success in school, the workplace and healthy living.

Health is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" [10]. An understanding of what narrates health reveals health components. Youth Health Education in 2016 identified six important components of health as physical health, social health, cognitive health, emotional health, cultural health and spiritual health. Physical health deals with what has and can upset the physical body such as diet, genetics, illness, etc. Social health focused on social interaction with friends, family members, social media, etc. Cognitive health looks at factors that form an individual intelligence ranging from learning abilities, memory, intuition, reason, concentration, etc. Emotional health deals with an individual's capacity and capability to demonstrate and regulate their feelings in a healthy manner without hurting or harming oneself or another. Cultural health combines physical and social health as it is influenced by our community laws, behavior, values, beliefs, etc. Spiritual health is absorbed in the belief of a supreme being and often includes purpose, faith, peace and higher value of hope.

The term health education has been perceived as an academic discipline with different definitions by authorities. Adamowicz, *et al*. [11] defined health education as a composite process during which individual learners are taught to care for personal and public health. Its primary purposes are to: propagate health knowledge; provide counseling in health related risks and; provide a healthy lifestyle. Draper, Griffiths, Dennis and Popay [12] identified three types of health education as education about human body care; information about available health resources and its uses; and environmental health choices made. Health education significantly increases internal health locus of control and self-efficacy in women, empowering them to adopt healthy lifestyles [13]. In the study context, health education is designed to influence women day-to-day decisions on personal and public health.

Goals of Health Education

Achalu, Okpako and Ekenedo [14] stated seven ultimate goals of health education geared towards women empowerment. They include the following:

- Making sure that communities accept health as a valued asset.
- Preparing people with knowledgeable skills to enable them to control their health.
- Promoting sound attitudes and behaviours in matters concerning health.
- Encouraging people to use available health resources
- Promoting changes in socio-economic and environmental conditions conducive to health
- Encouraging people to continue with their local ways of life that promotes health and
- Promoting advantageous health for everyone.

They went further to identify approaches employed in conducting health education and the approaches involve:

- Direct approach: in this context, health education has a determined content or curriculum, a chosen and appointed place of delivery, a regular time and is delivered by professionals;
- Correlated approach: in this context, health lessons are passed across through other related field of study;
- Integrated approach: in this context, health is taught around a core theme in integration with other fields of study;
- Incidental approach: in this context, health teachings are accomplished through personal experiences and encounter;

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- Conceptual approach: this entangles the use of concepts or slogans to design health awareness in the communities;
- Individualized approach: this involves a one-on-one passing of health information (each-one-teach-one).

Women Empowerment

The empowerment of women dates back to 1975 during the International Women's Year celebration by the UN. Women empowerment originated from diverse practices upsetting women in several states. The empowerment of women is enshrined in Sustainable Development Goal 5, and a critical component of the World Bank Gender strategy 2024-2030. Women are disproportionately disadvantaged in terms of resources, access to services, education and human rights. This affects their ability to reach their full potential in the society [15]. Udegbulem [3] defined empowerment as a form of transformation in which individuals positioned in a lower class, rank or designation has authority to formulate decisions, resist oppression, marginalization and dehumanization in the society they belong. Empowerment is a process of change by which those who have been denied the ability to make strategic life choices acquire this ability [16].

Women Impacting Nigeria Foundation [40] conceived women empowerment as a powerful tool or technique of equipping and allowing the underprivileged and reasonably privileged women to make life-determining decisions in a realized male-dominated world. Women's empowerment has five components: women's sense of self-worth; their right to have and to determine choices; their right to have access to opportunities and resources; their right to have power to control their own lives, both within and outside the home; and their ability to influence the direction of social change to create a more just social and economic order, nationally and internationally [17].

Health information seeking is a key activity for women's empowerment, leading to outcomes like health concerns management, collaborative care, individual development, and self-protection [4]. Empowering women improves the health of women, children, and their families, builds linkages within communities, and promotes economic development, increases access to maternal services leading to better health indicators [18, 19]. Obeagu [20] disclosed that empowering women to lead health education initiatives can address critical health challenges, particularly in maternal and child health, infectious diseases, and health access issues in low-income settings.

Benefits of Health Education in Empowering Women

The significance of women's health education cannot be measured. Zimmerman, Woolf and Haley [21] described the health benefits of education into three levels.

1. Individual level: it deals with access to resources and skill development.
2. Community level: It talks about the health related features of the environment individuals reside in.
3. The larger socio-cultural context: It talks about social policies, residential segregation and unequal access to educational resources.

Moreover, Virginia Commonwealth University in 2015 identified other health benefits of education to individuals as: acquiring better jobs; higher earning; reducing stress, building social and psychological skills; healthy resources; social networks; and knowledgeable skills.

Obstructions to Women Healthy Lifestyle

Healthy lifestyle describes all human activities that maintain, strengthen and restore health [11]. The inadequate understanding of health knowledge has affected women's lives, leading to stressful lifestyles, poor eating habits, exposure to environmental hazards, poor physical exercise and inadequate rest and sleep. Discussed health challenges facing women are: diseases, female genital mutilation, and attitude of negligence, lack of family planning, and maternal morbidity and mortality.

1. **Diseases:** Nigerian Bulletin [22] disclosed top ten diseases affecting Nigerian women as:

i. **Obstetric hemorrhage**: which is seen as bleeding that happens before the onset of labour, during delivery and within 24 hours after vaginal delivery and it is the leading cause of maternal mortality in Nigeria.

ii. **Malaria during pregnancy**: Malaria which is caused by plasmodium spp with anopheles' mosquitoes is higher in pregnant women and responsible for 63% of all clinic attendance, 11% of maternal deaths and 70.5% of morbidity in pregnant women. The major health problems affecting pregnant women in sub-Saharan Africa are anemia, malaria and HIV [23].

iii. Hypertensive diseases in pregnancy including pre-eclampsia/eclampsia.

iv. **Breast cancer**: This is an uncontrolled growth of normal breast joined with destruction of breast tissue and the transference of disease to another part of the body. According to their report, breast cancer in Nigeria accounts for about 16% of all cancer deaths in women. This can only be eradicated through equipping the women with knowledge of self-breast examination on a monthly basis.

v. **Cervical cancer**: This begins in the cervix and could affect fertility. Early symptoms of cervical cancer include virginal bleeding (not

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period) pelvic pain, unusual vaginal discharge, leakage of urine or face from the vaginal, etc. [24]. According to their report in Nigeria, cervical cancer has an occurrence of 256/100,000 women, 9,922 new cases are diagnosed yearly with more than 8,000 deaths' yearly. Cervical cancer is the most prevalent gynecologic cancer and the second leading cause of cancer morbidity and mortality in Nigeria, with female health workers expected to play a key role in promoting screening and education [25].

vi. **HIV/AIDS**: the rate of women's HIV/AIDS in Nigeria stands at an average of 4.4%.

vii. **Malnutrition**: is seen as a reduction in intake or poor absorption of nutrients (macro and micro), for the optional functioning of the human body. According to Tinker, Finn and Epp [26] malnutrition affects 450 million women in developing nations especially pregnant and lactating women, iodine, and iron and vitamin A deficiency are widespread. The report of Nigerian Bulletin shows that malnutrition ultimately leads to death of so many Nigerian women.

viii. **Diabetes Mellitus**: caused by absolute or relative inability of the pancreas to extract insulin which enables cells to utilize glucose.

ix. **Hypertension**: an increase in the blood pressure greater than 140/190 mmHg. If not treated, hypertension affects the brain – leading to stroke, damages the kidney by causing kidney failure, loss of vision, heart failure etc.

x. **Pneumonia:** intense inflammation of the lungs caused by bacteria, viruses, other micro-organism or physical/chemical irritants.

2. **Female Genital Mutilation (FGM):** WHO [27] described genital mutilation as methods that purposefully cause injury to the female genital organs for non-medical motives. Usually, this causes severe bleeding and problems urinating, and later cysts, infections, difficulties in childbirth and augmented risk of newborn deaths. They classified FGM into four main categories starting from clitoridectomy, excision, infibulation, and other harmful procedures such as pricking, piercing, incising, scraping and cauterizing the genital area. Over 230 million girls and women alive today have undergone female genital mutilation (FGM) in Africa, Middle East and Asian. It is estimated to cost health systems US $1.4 billion every year to treat health complication arising from FGM [28]. Nigeria accounts for the third highest number of women and girls who have undergone FGM worldwide. Between 2013 to 2019, FMG among Nigeria girls aged 0-14 rates have risen from 16.9% in 2013 to 19.2 in 2018 [29], this led to a community movement known as "The Movement for Good" to eliminate FGM across five Nigerian state where it is highly prevalent. The states are Ebonyi, Ekiti, Imo, Osun and Oyo. Despite the efforts of development stakeholders aimed at attaining zero tolerance for FMG as documented in 2008 resolution of the World Health Assembly WHA61. 16 on the elimination of FGM, and other government-driven efforts, an estimated, 52 million girls and women were subjected to FMG at the hands of health workers around in 4 cases [30]. In 2026, 4.5 million girls and many under the age of five years are at risk of undergoing FMG [31].

3. **Attitude of Negligence:** Most women neglected adequate upkeep to their health system. Drexel University College of Medicine [32] in its women's health education programme observed that some women occasionally delay self-care as they attend to the upkeep of their families. Ramsey [24] supported the above, that many women fail to get annual checkups because they feel nothing is wrong with them, and there are no symptoms of illness. Most times, women get exhausted from the household chores. Nonetheless, because of their childhood experiences, poverty and hardship, some of them accept pain and discomfort as their normal lot in life and do not easily report signs of serious illness [33].

4. **Lack of Family Planning:** WHO [34] conceived family planning as a method which allows people to attain their desired number of children and determine the spacing of pregnancies. According to Mao in Mahamed, et al. [35] family planning has two essential objectives: first is the desired number of children and second is proper spacing of pregnancies. They identified the reasons for not using any family planning techniques as religious belief, fear of side effects and lack of knowledgeable skills. Women Deliver cited in Glick [36] asserts that 225 million women in developing nations have an unmet need for family planning, contributing to 74million unplanned pregnancies and 36million abortions every year. Well Life Hospital (2025) acknowledged that to make the decision when it comes to selecting a method of birth control, numerous Nigerian women don't have the correct information they need. Therefore, it is essential for women to be empowered with requisite family planning facts that will effectively lower the dangers of unhealthy occurrence to the mothers and their children's health. The benefits attached to family planning are to: prevent pregnancy-

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related health risks in women, reduce infant mortality, help to prevent HIV/AIDs, empower people and enhance education, and reduce adolescent pregnancies and slow population growth [34].

5. Maternal Morbidity and Mortality: Agbaje, Agu and Osakwe [37] defined maternal mortality as "death of a woman while pregnant or within forty-two days (or six weeks) of termination of that pregnancy regardless of the site, duration, or outcome of the pregnancy or its management but not from accidental causes"

Statement of Problem

Records have shown that women have the principal rate of disease contact due to their daily engagements at homes, marketplaces, and workplaces. They are inexplicably exposed to ailment, habitually unconscious of the modes of transmission, proper treatment alternatives, and healthcare resources. Research has unswervingly shown that optimum health outcomes depend on good nutrition, access to quality health education programmes, environmental awareness and regular physical activity. The aforementioned impediments can be eradicated through health empowerment programmes. This health empowerment programme, will enable women to effectively overcome their health encounters, enhance their health literacy, manage their health, promote sustainable community living, and improve life expectancy.

Research Question

1. What is the impact of a health education programme on women empowerment for promotion of community development in the area of the study?
2. There is no significant difference between the mean scores of women in Orlu and Orsu on the level of impact of health education as a non-formal education programme on women empowerment for promotion of community development in the area of study.

METHODOLOGY

The study was conducted in Orlu and Orsu Local Government Areas (LGAs) of Imo State. The study employed a descriptive survey design with a population of 969 women participants in twenty (20) women empowerment centers in the study area. A proportionate sampling technique was used in selecting 524 respondents as the sample size, with a self-structured questionnaire titled "Empowering Women through Health Education Programme for Sustainable Community Development Questionnaire" (EWTHEPSCDQ)). The statistical tools used for data analysis were mean, and z-test. The mean statistics was used in answering the research question while z-test statistics was used in testing the null hypothesis at a 0.05 level of significance. The criterion mean was 2.50. The items with mean of 2.50 and above were considered as affirmative responses by the respondents while mean below 2.50 did not agree with the item.

i.e. $4 + 3 + 2 + 1 = {}^{10}\!/_{4} = 2.5$

Research Question 1: What is the impact of a health education programme on women empowerment for promotion of community development in the area of study?

The data to answer this research question are shown in table 1

Table 1: Analysis on Impact of Health Education on Women Empowerment for Promotion of Community Development in Area of the Study.

		ORLU							ORSU						
S/N	**ITEM**	**SA 4**	**A 3**	**D 2**	**SD 1**	**N**	$\bar{X}$	**DECISION**	**SA 4**	**A 3**	**D 2**	**SD 1**	**N**	$\bar{X}$	**DECISION**
1	Health education has enabled me to adequately maintain good sanitation.	134 536	82 246	55 110	63 63	334 955	2.86	Agree	77 308	52 156	35 70	26 26	190 560	2.95	Agree
2	Health education has improved my knowledge on maternal mortality.	91 364	128 384	79 158	36 36	334 942	2.82	Agree	66 264	50 150	45 90	29 29	190 533	2.81	Agree
3	Health education has encouraged me to use available health resources.	56 224	84 252	133 266	61 61	334 803	2.40	Disagree	42 168	38 114	74 148	36 36	190 466	2.50	Agree

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4	Health education has helped me improve my family's nutrition.	89 356	121 363	69 138	55 55	334 912	2.73	Agree	37 148	68 204	35 70	50 50	190 472	2.50	Agree
5	Health education has increased my level of awareness of disease prevention and other related health issues.	134 536	103 309	45 90	52 52	334 987	2.96	Agree	53 212	71 213	39 78	27 27	190 530	2.79	Agree
	Average Mean						**2.75**	**Agree**						**2.69**	**Agree**

The data in table 1 show that in Orlu Local Government Area the respondents disagreed with item 3 which revealed that health education has not encouraged women to use available health resources with a mean score of 2.40. All other items were agreed by the respondents as the impact of the health education programme on women empowerment for promotion of community development with mean scores of 2.86, 2.82, 2.73 and 2.96 respectively.

In Orsu Local Government Area, the data show that all the respondents agreed with all the items on the impact of the health education programme on women empowerment for promotion of community development with mean scores of 2.95, 2.81, 2.50, 2.50 and 2.79 respectively. Based on criterion mean of 2.50 and above, the followings were considered as the impact of health education programme on women empowerment for promotion of community development in Orlu and Orsu Local Government Areas:

i. Health education enables women to adequately maintain good sanitation
ii. Health education improves women knowledge on maternal mortality
iii. Health education helps women to improve their families' nutrition
iv. Health education increases women's level of awareness of disease prevention and other related health challenges.

Although in Orsu Local Government Area, health education encourages women to use available health resources, while in Orlu Local Government Area health education does not encourage women to use available health resources. The average mean of 2.75 and 2.69 confirms the affirmative response of the respondents on the impact of the health education programme on women empowerment for promotion of community development in Orlu and Orsu Local Government Areas of Imo State.

Hypothesis 1

There is no significant difference between the mean scores of women in Orlu and Orsu on the level of impact of health education as a non-formal education programme on women empowerment for promotion of community development in the area of study.

Table 2: z-test calculation on the mean difference between women in Orlu and Orsu on the level of impact of health education as a non-formal education programme on women empowerment for promotion of community development

Categories	N	Mean	Sd	Df	z.cal.	z.crit.	Decision
Orlu women	334	13.7754	1.65687				**Hypothesis accepted**
Orsu women	190	13.4789	2.29263	522	1.707	1.96	

Table 2 revealed that women in Orlu L.G.A have mean and standard deviation scores of 13. 7754 and 1.65687while women in Orsu L.G.A have mean and standard deviation scores of 13. 4789 and 2.29263 respectively. With a degree of freedom of 522, the calculated z-test value of 1.707 is less than the critical z-test value. By implication, the null hypothesis was accepted. Therefore, there is no significant difference between the mean scores of women in Orlu and Orsu on the level of impact of health education as a non-formal education programme on women empowerment for promotion of community development in the area of study.

DISCUSSION OF FINDINGS

The data analysed in table 1 for answering the research question specified that the respondents agreed with items 1, 2, 4 and 5 on impact of health education

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programme on women empowerment for promotion of community development in Orlu Local Government Area. However, in Orsu Local Government Area, the respondents agreed with all the items on the impact of health education programme on women empowerment. The results showed that the health education programme has enabled women to adequately maintain good sanitation, improved their knowledge on maternal mortality, helped them to build their family's nutrition and increased their awareness of disease prevention and related health issues. Item 3 of the questionnaire disagreed that health education has encouraged women to use obtainable resources for good health in Orlu Local Government Area. Nevertheless, item 3 of the questionnaire was agreed in Orsu Local Government Area. A summary of the above results, apart from item 3 in Orlu Local Government Area, specified that health education programme have impacted positively on women empowerment for promotion of community development in Orlu and Orsu Local Government Areas of Imo State. The results of this study were in harmony with the results of Abiodun, Olu- Abiodun, Sotunsa and Oluwole [38] which specified that interventions of health education programme on women have increased their awareness on prevention of diseases and related health issues. The results of Umar, Afolayan, Emmanuel, Rejuaro, Onasoga and Ibitoye [39] averred that, the intervention of health education programme on women has significantly improved their knowledge level about delivery care services.

Recommendation

Women should be equipped with comprehensive health education/training at different levels of government and non-governmental sectors, and be allowed to lead health campaigns aimed towards overcoming sociocultural, socio-economic, psychosocial, and public health factors militating against the attainment of sustainable and healthy living among women.

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